D-2 Quarterly Report: (Check one:) Final Report (Fund balance) Amendment of the Report	ort Indicated Above State Board of Elections Springfield Office
Full name and complete mailing address of Political Committee: Activate PAC 4100 North Marine Drive, 1811 Chicago, IL 60613	CHECK FOR ADDRESS CHANGE COMMITTEE ID # Committee ID: 36831 12
REPORTING PERIOD CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD:	ALL POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD SPRINGFIELD, IL 62704-4503 CHICAGO, IL 60602-3026
FROM THRU Repeat this amount in SECTION D, Line (A) SECTION A — RECEIPTS 1. Individual Contributions	SECTION B — EXPENDITURES 6. Transfers Out
a. Itemized (from Schedule A): \$ \$ \$ \$ \$ \$ (1a) \$ b. Not-Itemized: \$ \$ \$ \$ \$ \$ \$ \$ \$ (1b) \$ \$ 2. Transfers In a. Itemized (from Schedule A): \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ (2a) \$ b. Not-Itemized: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ (2b) \$ \$ 3. Loans Received a. Itemized (from Schedule A): \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	a. Itemized (from Schedule B): \$
5. In-Kind Contributions a. Itemized (from Schedule I): \$	Include previously reported unpaid debts
	Total cash (A) plus (B): \$O(C) Total Expenditures from Section B (TE): \$(D) Funds available at close of reporting period (C minus D): \$(E)
	Investments total (if applicable): \$

STATEMENTS THAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OF INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

October 14, 2021